



ENSURING ACCESS TO QUALITY  
HEALTH CARE IN CENTRAL ASIA

TECHNICAL REPORT:

## **Community Involvement Program in the Ferghana Oblast**

**Authors:**

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**June 2000**

**Ferghana Oblast, Uzbekistan**



FUNDED BY:  
THE U.S. AGENCY FOR  
INTERNATIONAL DEVELOPMENT



IMPLEMENTED BY:  
ABT ASSOCIATES INC.  
CONTRACT NO. 115-C-00-00-00011-00

DOC NO: UZ\_TD\_1(E)

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## **I. Abstract**

ZdravReform's highly successful Community Involvement Program (CIP) was conceived in order to assist communities to develop public health interventions which address public health needs; provide community members with health information to allow them to take responsibility for their own health; and strengthen the link between communities and rural primary health care facilities, or SVPs.

This report looks at the background of the CIP and at how ZdravReform has achieved its aims through a variety of methods, such as training local counterparts to assess community health needs; designing community-based health projects; providing technical assistance on developing grant applications and on monitoring and evaluation strategies for those health projects; and by facilitating roundtables on reproductive health.

In addition, this report looks at how, as part of the scheme, ZdravReform awarded ten small grants to NGOs, which were used to conduct seminars in rural areas and to develop health promotion materials for the general population.

## II. Executive Summary

As part of efforts to increase community participation to improve health outcomes, the USAID-funded ZdravReform Program developed a community involvement program. The program had three goals:

- To develop community-based public health interventions to improve the health of the rural populations;
- To provide community members with health information to allow them to take responsibility for their own health and increase their involvement in health care decision-making; and
- To strengthen the link between the communities and rural primary health care facilities.

Through this program, ZdravReform provided training, grants, and materials to non-governmental organizations (NGOs) and community-based organizations (CBOs) to develop public health interventions that mobilized the community to identify and address health issues by themselves. As a first step, ZdravReform trained 61 doctors and community representatives in three pilot districts in Participatory Rural Appraisal (PRA) techniques, providing practical, hands-on tools for doctors and community leaders to assess public health needs. The community involvement program's announcement and application process encouraged NGOs and CBOs to develop projects for funding that responded to these identified health needs and formed effective linkages between the organization, nearby health facilities, and the population.

ZdravReform competitively awarded nine small grants to health NGOs and associations in Ferghana Oblast. The average size of each grant was around \$3,000. These grants were used by the organizations to conduct seminars in rural areas and develop health promotion materials for the general population on a wide variety of health topics, including reproductive health, acute respiratory illnesses, diarrheal diseases, iodine deficiency, and general hygiene. From November 1999 through May 2000, the NGOs collectively trained over 6,800 people in three rayons during 290 trainings.

In addition to direct grant support, ZdravReform provided material assistance to seven grassroots community organizations called "mahallas." As a result of local and USAID health assessments, many communities expressed their need for clean drinking water as the most effective way to improve public health. ZdravReform responded to this priority issue by providing assistance to these mahallas to build their capacity to develop clean water projects by accessing local engineers and geologists to assist in project design, providing seminars on grant writing, and helping to develop materials to educate the rural population on the importance of clean drinking water and prevention of water-borne diseases. ZdravReform procured pipes and pumps to provide clean water to these seven communities, impacting nearly 25,000 people. The mahallas, in turn, mobilized resources such as labor, equipment, and even additional financial support from the community and local state-owned farms.

A survey of 250 women in one rayon in June showed that 64% of the women surveyed participated in seminars organized by NGOs and PHC facilities. Another 31% reported that they did not participate in seminars but were interested in participating in the future indicating a grassroots demand for more health information. Over 97% of the women interviewed who did participate found the seminars in their communities on goiter/iodine deficiency and reproductive health to be very useful.

### III. Background

During the Soviet period, the population in Uzbekistan was not involved in decisions about their health care. They had limited rights as well as limited responsibilities. Patients were assigned to health facilities. If they were dissatisfied with their health care, they could neither complain nor seek alternative care. Health providers did not provide patients with information about their conditions. Provider payment systems funded the infrastructure of the health sector not the health services received by the population, creating a system that was not responsive to patient needs or demands. Physicians were seen as agents of the state not advocates for patients; their primary responsibility was to ensure a productive work force.

Because the state provided health care for free and patients had little knowledge about prevention, people did not take responsibility for their own health. Increasing population involvement in decisions about their health care is important because informed patients are more likely to become active consumers who hold providers accountable and thus play a role in improving the quality and efficiency of health care. The population needs to take more responsibility for its health status and engage in healthier lifestyles, especially as public sector resources for health care decrease.

One of the goals of health reform is to change the social contract in the health care system to empower the population to actively participate in health care decision-making. The provider must become more responsive to the needs and demands of patients. This changes the entire power structure within the health care system by empowering patients over providers. This new social contract gives greater rights to the population, but also requires greater responsibilities from the population. Health is no longer something that the population receives from the health care system. Instead the population must take a more active role in their own health, becoming partners with health professionals in preventing and managing illnesses.

This partnership strengthens, for example, the management of chronic diseases, which requires a close working relationship between physicians and patients, since patients must take an active role in their treatment, by monitoring their condition and altering their medication based on this information. Furthermore, many of the key risk factors linked to chronic diseases can be reduced by making lifestyle changes. The population must understand much more about how their lifestyle decisions have important implications for their health. This means that one of the central components of health reform is a strong system of community-based health promotion and disease prevention.

Although fairly new to Central Asia, non-governmental organizations (NGOs) with sufficient structural capacity and appropriate technical skills can contribute to improving the health of the general population. NGOs can implement health interventions centered around health promotion and prevention, provide services to stakeholders, and act as a representative voice within the health sector, lobbying health facilities and authorities for better care. Moreover, an active non-governmental sector in the health care decision-making process contributes to overall cost-effectiveness and democratization of services.

### IV. Approach

The ZdravReform Program developed its Community Involvement Program (CIP) to improve the provider-patient relationship and to increase community health promotion and disease prevention efforts. The CIP is one piece of a broad integrated package of technical assistance on rural primary health care reform provided by the USAID-funded ZdravReform Program to the government of Uzbekistan. Primary health care reforms were begun in three pilot rayons – Beshariq, Quva, and Yazyavan – in Ferghana Oblast in 1998. The CIP was created in mid-1999.

The CIP had three goals:

- Develop community-based public health interventions to improve the health of the rural populations;

- Provide community members with health information to allow them to take responsibility for their own health and increase their involvement in health care decision-making; and
- Strengthen the link between the communities and rural primary health care (PHC) facilities, called SVPs (*sel'skiye vrachebniye punkti*) in Uzbekistan.

The NGO sector, particularly in health, was fairly nascent in Ferghana Oblast when the CIP began in 1999. Only one grant applicant had previously received a grant. Therefore, ZdravReform concentrated assistance not only on NGOs, but also on community-based organizations (CBOs) and mahallas in developing health interventions and working with PHC facilities. The overall approach was to encourage NGOs, CBOs, mahallas, PHC facilities, and the population to work together to identify and solve their own health problems. To achieve this, ZdravReform:

- Assisted communities in assessing health needs;
- Assisted NGOs and CBOs to design community-based health projects that addressed those needs and to develop applications for grant assistance to implement the projects;
- Competitively awarded 9 grants to NGOs and funded 7 community water projects; and
- Monitored and evaluated CIP activities.

## **V. Assessing Community Health Needs**

In conjunction with trainers from Counterpart Consortium, ZdravReform trained 61 doctors and mahalla representatives from the three experimental rayons in Participatory Rural Appraisal (PRA) techniques. This training provided practical, hands-on tools for doctors and mahalla leaders to assess the health needs of their communities. In a variety of small focus groups, doctors and community leaders assessed the opinions of many different cross-sections of their community with interactive techniques, like mapping exercises, cause/effect flowcharts, Venn diagrams, prioritizing exercises, and others. ZdravReform assisted six primary health care facilities and their corresponding mahallas in conducting PRA field research, while many other doctors and mahalla representatives conducted research of their own.

As a result of this research, many communities expressed their need for clean drinking water as the most effective way to improve public health. Another widespread need expressed during PRA field research was women's reproductive health. ZdravReform conducted additional PRA field research specifically focused on better defining reproductive health needs of three villages, resulting in development of several grant proposals.

## **VI. Designing Community-Based Health Projects**

In addition to training local counterparts to assess community health needs, ZdravReform provided active assistance to communities to develop public health interventions, usually health promotion activities and training, to address these health needs. Technical assistance included:

- Developing grant application guidelines and instructions;
- Providing training on grant application writing;
- Providing training on developing monitoring and evaluation strategies for health projects;
- Facilitating a community roundtable on reproductive health;
- Providing professional consultants and experts to grant applicants in reproductive health and water issues; and

- Addressing NGO sustainability issues.

### **Grant Application Guidelines and Training on Grant Writing**

A request for applications was placed in local newspapers, advertised on rayon radio, and circulated through health facilities. ZdravReform developed grant application guidelines and instructions for potential applicants. Applications had to include contact information, as well as sections describing the applicant's organizational structure and history, community health needs assessment, goals of the project, a detailed work plan, a plan to monitor and evaluate project activities, a sustainability plan, and a detailed budget.

In addition, ZdravReform provided on-going support to develop local capabilities in application development by conducting trainings in the experimental rayons on how to write a grant application, with numerous follow-up one-on-one consultations. Moreover, once ZdravReform identified potential (and interested) grantees, the staff conducted special one-day trainings in grant writing to finalize applications before Selection Committee deadlines.

### **Training on Monitoring and Evaluation**

ZdravReform also funded two international evaluation specialists to conduct a specialized one-day seminar to all grant applicants on developing strong monitoring and evaluation plans. The seminar provided applicants with:

- An introductory understanding of monitoring and evaluation, describing the difference between evaluations that imply a judgment and those that focus on actual practices;
- Ways to develop evaluations to obtain lessons to share and apply in the future;
- Methods to measure outcomes rather than program implementation; and
- Strategies to control for confounding effects.

The seminar developed additional materials for supplementing the grant applications. An evaluation design worksheet helped each project to list its objectives in concrete detail, developed a corresponding list of specific measures to determine if objectives were being met, and specify data requirements for each measure (i.e., source, responsible person, etc.).

Then, the consultants conducted a small group tutorial, dividing the applicants into two groups – grant projects and clean water projects. These smaller groups worked together on completing their worksheets and sharing ideas. ZdravReform staff along with the consultants also worked one-on-one with applicants to shape individual plans. A key element of both small groups was conveying the concept of measuring not only attitudinal or knowledge change but also behavioral change, and then identifying ways to measure behavior change. The discussion on these ideas provided a catalyst for the grantees to consider the drawbacks of a traditional approach to training, and how to make it truly effective so that it would have an impact on individual and public health practices.

### **Community Roundtable on Reproductive Health**

Again in close collaboration with Counterpart Consortium, ZdravReform conducted an NGO Roundtable in Ferghana on reproductive health, inviting active NGOs from Samarkand and Tashkent with proven programmatic track records to share ideas and experiences with local NGOs and mahalla/community activists in Ferghana. A total of 69 people participated from Ferghana, Kokand, and the three experimental rayons, including primary health care doctors, mahalla representatives, local and national NGOs, as well as international organizations (USAID, Commercial Market Strategies (CMS), AVSC, Counterpart Consortium, Soros Foundation).



Introductory presentations from the Ferghana Oblast Head Gynecologist and a ZdravReform reproductive health consultant described the reproductive health setting in Ferghana and findings from the participatory needs assessment in three communities. Six representatives from active NGOs in Tashkent and Samarkand (“Mehri,” “Ayol,” “Sabr,” “Umid,” “Salamat Ayol”) with experience in implementing public health interventions concerning reproductive health shared their successes and obstacles in developing projects, working with rural populations, and monitoring and evaluating their projects.

During the second half of the day, facilitated by Counterpart Consortium trainers, the participants were divided into three groups (PHC doctors, mahalla, and NGO) to discuss how each group could contribute to or inhibit community projects designed to improve reproductive health. After reporting out on their discussions, the participants met in mixed groups to develop ways in which health personnel, mahallas, and NGOs could work together to effectively solve issues concerning women’s reproductive health. By the end of the day, participants developed a number of concrete project ideas, drawing on each group’s strengths. Several of these ideas developed into community projects that applied for ZdravReform grant assistance and eventually received funding.

### **Experts and Consultants**

In addition to facilitating community dialogue on developing projects to address public health needs, ZdravReform also provided consultants to potential grantees, both NGOs and CBOs, to strengthen application technical specifications. A reproductive health consultant provided assistance in developing a needs assessment survey for one grant applicant. She also shared many documents and materials developed by international organizations such as JHPIEGO and AVSC. Lastly, she conducted a mini-seminar for women’s NGOs in Kokand to discuss technical issues on grant applications related to reproductive health.

As part of the clean water projects, ZdravReform worked with several communities to develop interventions to respond to this need, by providing on-going capacity building to these communities, including training in and facilitating needs assessments and by finding local engineers and geologists to assist in project design, providing seminars on grant writing, and lobbying governmental institutions to provide in-kind contributions. These engineers and geologists ensured that source water was safe for drinking before pipes and pumps were installed. Geologists ensured that community proposals for pipe laying were indeed feasible.

### **Addressing NGO Sustainability Issues**

The CIP assisted grantees in developing organizational sustainability plans by:

- Providing most grantees with a technical base (computer equipment) necessary for general organizational operations;
- Assisting grantees in creating necessary document (e.g., charters) for registration;
- Encouraging grantees to diversify funding sources and apply for grant funds from other donor organizations;
- Encouraging grantees to attend Counterpart Consortium trainings, covering various topics in NGO development; and
- Consulting NGOs on how to introduce fees-for-services and membership dues.

## **VII. Selecting and Awarding Grants**

Both the small grants and clean water projects were competitively awarded by a Selection Committee, consisting of representatives from ZdravReform, the World Bank-financed “Health” Project, Ferghana

Oblast governmental officials, and other independent experts. All members were sent copies of applications and evaluating sheets for tallying scores. Each Committee member completed the standard evaluation criteria form for each grant application and provided a numerical score. The maximum score for each application was 100. Applications with average scores of 70 or higher were recommended to receive grant awards by the Selection Committee.

Twenty-eight grant proposals were received and considered. After a pre-screening process to ensure that applications met project requirements and taking Selection Committee evaluations and recommendations into consideration, ZdravReform approved and awarded 10 small grants to NGOs and seven clean water projects to local mahallas. One grant was rescinded at its the half-way point due to poor performance (see Monitoring section below), and so 16 projects were actually implemented to completion.

The average size of each NGO grant was around \$3,000. These grants were used by the organizations to conduct seminars in rural areas and develop health promotion materials for the general population on a wide variety of health topics, including reproductive health, acute respiratory illnesses, diarrheal diseases, iodine deficiency, and general hygiene. In addition to this direct grant support, ZdravReform provided material assistance – water pipes and pumps – to seven mahallas. The mahallas provided large amounts of in-kind contributions to these water projects by mobilizing resources, such as labor, equipment, and even additional financial support from the community and local state-owned farms.

On November 4, 1999, small grants and clean water projects were officially awarded in Ferghana. The United States Ambassador to Uzbekistan, the Honorable J. Presel, and the Deputy Oblast Khokim for Social Issues, Mr. F. Azimov, presented certificates to NGO and mahalla representatives. Oblast Khokimiyat representatives, Oblast Health Department officials, and Selection Committee members also attended the ceremony. The following projects were awarded and implemented.

Organization	Project Description	Target Groups	Rayon	Population Impact	PHC Staff Involved
Kokand Association of Businesswomen	Teaching children of all ages about personal hygiene, training teachers to conduct these seminars, developing appropriate materials	Children, teachers, parents, teen-age girls	Beshariq	440	4
NGO Ishonch	Developing materials and training on reproductive health, family planning, and reproductive rights	Women of reproductive age, men, teen-age girls and boys	Yazyavan and Quva	918	111
Umid - Women's Voluntary Association	Facilitating seminars and discussions by clinical experts on ARI, diarrhea, reproductive health, and other topics	Women of reproductive age	Beshariq	1,119	3
NGO Barhayot	Developing materials and training on reproductive health and family planning	Women of reproductive age, teen-age girls	Beshariq	720	25
Bolalik Mahalla	Teaching mothers about prevention, early diagnosis, and treatment of diarrhea and ARI	Young mothers	Quva	1,564	72
NGO Hamdard	Creating a medical information center for	PHC providers	Beshariq	17	20

Organization	Project Description	Target Groups	Rayon	Population Impact	PHC Staff Involved
	rural doctors				
Utkir - Association of Diabetics	Developing materials and training on preventing severe complications of diabetes; screening	Adult diabetics	Yazyavan and Quva	168	16
Kokand Association of Endocrinologists	Developing materials and training on awareness and prevention of iodine deficiency	Women of reproductive age, pregnant women, teen-age girls and boys	Beshariq	1,064	15
Honobod Mahalla	Constructing a public bathhouse to serve surrounding area, developing public information on hygiene and healthy lifestyles	Rural population	Yazyavan	10,125	19
Mahalla Karasokol	Providing Clean Water to Rural Populations	Mahalla population	Yazyavan	4,218	N/A
Mahalla Takalik	Providing Clean Water to Rural Populations	Mahalla population	Yazyavan	458	N/A
Mahalla Kiyali	Providing Clean Water to Rural Populations	Mahalla population	Beshariq	410	N/A
Mahalla Soybuyi	Providing Clean Water to Rural Populations	Mahalla population	Yazyavan	2,100	N/A
Mahalla Dehkontuda	Providing Clean Water to Rural Populations	Mahalla population	Beshariq	4,040	N/A
Mahalla Yangi-Hayot	Providing Clean Water to Rural Populations	Mahalla population	Quva	7,000	N/A
Mahalla Beget	Providing Clean Water to Rural Populations	Mahalla population	Quva	6,000	N/A
<b>Totals</b>				<b>40,361</b>	<b>285</b>

## VIII. Monitoring Grant Activities

ZdravReform staff in Ferghana provided ongoing monitoring of grant activities by having regular meetings with NGO representatives and making site visits to observe grant activities. As grantees or ZdravReform identified issues or problems in grant implementation processes, ZdravReform provided additional assistance to grantees to develop solutions together with NGO representatives. Much of the assistance focused on providing technical input to training and health promotion materials as well as content and wording of evaluation questionnaires. Despite initial training efforts for grantees on monitoring and evaluation, significant follow-up was necessary to reinforce these concepts since they are new in Uzbekistan.

This monitoring strategy resulted in most issues being addressed and resolved early in the implementation of the projects. The most common issues that were addressed were:

- ***Improving planning and communication between grantees, PHC facilities and providers, and ZdravReform on training schedules and topics.*** Doing so ensured that grantees were held accountable to follow their proposed training schedule or inform partners in advance of any changes,

additions, or deletions to the schedule. PHC staff also could plan to participate in a prepared manner on each training topic and gather community members interested in and appropriate to the topic in a timely manner.

- ***Improving monitoring and evaluation strategies and providing input to questionnaires that attempted to have participants evaluate seminars.*** Grantees had little understanding of even simple pre and post-test mechanisms, using open-ended questions so that participants could provide recommendations to the NGO to improve future seminars, or measuring increased knowledge or change in attitude of participants due to training or health promotion activities. Analysis and presentation methods also left something to be desired; often, useful data was collected by grantees but not aggregated or analyzed in a coherent way.
- ***Changing attitudes of grantees toward funders.*** Grantees mistook monitoring activities designed to jointly improve grant activity implementation for inspection and control visits. They also did not provide accurate information on grant activities or the type and number of seminar participants in fear of reproach. Instead many NGOs reported that they had completely met the goals and targets set in the proposals, despite observations to the contrary during monitoring visits. When asked for specific data about the number of people trained, one grantee mentioned that she was afraid to report results that were not perfect. ZdravReform worked hard to create a collaborative atmosphere and build relationships based on trust with grantees. Staff constantly reminded NGO representatives that proposals were merely proposals, implementation always provided challenges to the proposed plan, and that, while they were accountable to fulfilling the intent of the proposal, all parties would benefit from knowing the issues and obstacles that NGOs faced during implementation and how each NGO worked to resolve them to continuously improve the quality of training and health promotion materials and approaches.

Health Topic	Number of Seminars	Number of People Trained
Reproductive health & family planning	107	2,679
Iodine deficiency	31	1,064
Hygiene	60	1,130
Children's diarrheal diseases	41	949
Acute respiratory illnesses	35	823
Diabetes	16	168
<b>Total</b>	<b>290</b>	<b>6,813</b>

Grant funding was provided in two tranches, at the beginning and the middle of the project's duration, to provide an incentive to grantees to improve shortcomings during the course of project implementation. As a result of monitoring and ongoing meetings, one grant project implemented by the "Kokand Association of Venerologists," unfortunately was cancelled at its half-way point due to late receipt of training schedule and materials for review, incomplete and inaccurate programmatic and financial reports, and unsatisfactory quality of training materials and evaluation methods.

## IX. Evaluating Grant Project Results and Impact

Each NGO or CBO was required to submit a final report and include the results and impact achieved from their grant project. A description of each project and a summary of its results and impact are summarized in Attachment 1. Altogether, the nine grants and seven clean water projects had the following results:

- 16 community-level public health interventions were successfully completed
- Effective partnerships were created between NGOs, PHC facilities and staff, and local government institutions, such as mahallas, state collective farms, and khokimiyats
- 6,813 people are better informed about healthy lifestyles and health prevention through 290 seminars (see sidebar for breakdown by health topic)
- 88 separate brochures or handouts were disseminated
- 285 health providers from rural PHC facilities were actively involved in these community-based grant projects, improving the relationship between PHC facilities and the population
- 25,000 people in rural areas have easier access to clean drinking water
- 12 separate training modules were developed by grantees
- A community bathhouse was partially completed
- Matching contributions from grant recipients averaged 29% (ranging from 14% to 60%)
- Five grant recipients were officially registered as new health-related NGOs
- All nine first-time grantees increased their capacity and level of experience, several receiving additional grant funding from other sources.

To further evaluate the CIP and to better plan for future grant cycles, ZdravReform developed two questionnaires designed for surveying the general population and PHC facility employees (samples of questionnaires are included as Attachment 2). Due to limited time and resources, the team decided to survey six kishlaks in Beshariq rayon where four grantees had implemented projects (see table below). These kishlaks were located in catchment areas of six PHC facilities (Ittifok, Dehkontuda, Kum, Kapa-Yangi, Galcha, and Tovul). The majority of the small grants projects implemented in these areas were targeted toward women. The number of women in these six kishlaks is 16,737, of which an estimated 4,880 participated in grant project seminars. In June 2000, ZdravReform surveyed a random sampling of 250 women, 1.5% of the female population and 5% of total participants. ZdravReform also interviewed 35 health providers in these 6 facilities, covering approximately a third of total PHC health personnel.

NGO	Number of People Trained	Type of Participants	Catchment Area
Association of Businesswomen	440	Children, teachers, and parents	Dehkontuda, Ittifok, Galcha, Tovul, Kapa-Yangi
Umid – Women’s Voluntary Association	1,119	Women	Kapa-Yangi
NGO Barhayot	720	Women of reproductive age	Ittifok, Dehkontuda
Kokand Association of Endocrinologists	1,064	Women, children	Kum, Ittifok, Dehkontuda, Galcha, Tovul, Kapa-Yangi

The first questionnaire attempted to get feedback from seminar participants on NGO activities, gauge whether NGO and SVP joint activities had any effect on quality of care at the facilities, and whether the community viewed mahalla committees as additional resources in addressing their health needs. An additional questionnaire for health workers attempted to measure how involved PHC facility staff were in the community health projects supported by ZdravReform grant assistance.

Results analyzed in July showed that 64% of the women surveyed participated in seminars organized by NGOs and SVPs. Another 31% reported that they did not participate but were interested in participating in the future indicating a grassroots demand for more health information. Over 97% of the women interviewed who did participate, found the seminars on goiter/iodine deficiency and reproductive health to be very useful.

To find out where women sought services and health information, they were asked what they did the last time they were sick for several days. Seventy-one percent of those interviewed reported that the last time they were sick they went to the SVP. Ninety percent of those did so within three days of their illness. Twelve percent of respondents treated themselves at home, 10% went to the Central Rayon Hospital, and 6% went to traditional healers in their community. When asked why they chose to seek care where they did, 46% of women interviewed reported that care was reliable, 22% reported that the location was convenient for them, and 12% indicated that it was inexpensive. Others mentioned that receiving care where they did was quick (10%) or that they liked the staff attitude toward patients (8%).

ZdravReform also collected information on the population's perception of changes taking place at the SVP in the last six months. Eighty percent of women surveyed had visited their SVP more than once in the last six months. When asked if they noticed any changes in their SVP since then, 85% of women surveyed reported that they observed positive changes in the staff's knowledge, 80% reported improvements in staff attitude, 78% reported that the facility was cleaner, 59% noticed increased availability of health information, and 53% observed repairs taking place. Seventy-five percent reported that they had not seen new equipment in their SVP in the last six months.

Seventy percent of respondents claimed that they were *always* well treated at their SVP, with 17% reporting that they were well treated most of the time. Sixty-one percent of women *always* trusted information received at the SVP, while 18% trusted health personnel most of the time, and 9% trusted information received sometimes. When asked if they approached mahalla committees in the last six months with health problems, 82% of the women surveyed said they had not.

The survey among health workers indicated that they were not sufficiently involved in grant project activities, although the majority of them reported conducting their own prevention and health promotion activities such as lectures and seminars in their kishlaks and discussing these issues during home visits. Although health personnel interviewed reported that they regularly cooperated with mahalla committees on health issues, few respondents could come up with specific examples of mutual support and collaboration. Future work should continue to focus on creating effective links between NGOs, mahalla committees, and PHC facilities to coordinate community efforts in upcoming grant rounds. Staff also would benefit from training on participatory assessment mechanisms to better identify and respond to community health needs.

The interviews provided some interesting lessons learned. Many of the women interviewed were not familiar with terms like SVP, NGO, reproductive health, etc. Interviewers spent a lot of time explaining what these terms meant. Nor could women interviewed distinguish between seminars or materials they received from NGO projects or those that they received from PHC facilities. Although this confounds results, it also can be interpreted as a positive sign of collaboration between NGOs and PHC facilities. Interviewers also had to devote time to explain the purpose of the survey and how answers would remain confidential. Even so, many respondents did not feel comfortable making any substantive criticisms. Consequently, results seem slightly inflated.

## X. Lessons Learned and Recommendations for Future Grant Cycles

Monitoring and evaluation activities provided a variety of lessons learned to improve future grant cycles.

Lesson Learned	Recommendation
Few NGOs had sufficient organizational capacity or technical knowledge to implement community health projects	<ul style="list-style-type: none"> <li>• Provide NGOs with additional training in organization development, management, participatory rural appraisal, health promotion strategies, training and counseling skills, and clinical skills</li> </ul>
Local authorities are wary or suspicious of NGOs playing a role in health care, hampering their effectiveness and slowing down registration processes	<ul style="list-style-type: none"> <li>• Provide training for local authorities on the roles and functions of NGOs, CBOs, and other third sector actors</li> <li>• Assure local health authorities (and possibly Ministry of Justice representatives) that health NGOs at this time in Ferghana are not providing health services but rather “support” services such as training and health promotion activities</li> <li>• Increase marketing efforts, press releases, and public information about NGO activities</li> </ul>
Grantee training and health promotion materials often contained folk remedies that contradicted internationally-accepted treatments but may be appropriate in light of rural conditions that make medicines unavailable or unaffordable	<ul style="list-style-type: none"> <li>• Ensure adequate review time by project staff and expert consultants on all grant materials</li> <li>• Provide clinical skills training to NGO representatives and trainers to introduce concepts of evidence-based medicine</li> <li>• Provide NGOs and PHC staff with reference materials, such as <i>Where There is No Doctor</i> in Uzbek</li> </ul>
Grantees poorly understood the goals of health reform and how their activities fit within this framework	<ul style="list-style-type: none"> <li>• Provide introductory seminar on health reform in Uzbekistan and the role of health promotion and community involvement in health reform efforts</li> <li>• Provide more information and brochures to grant applicants and recipients about project goals and approaches</li> </ul>
Newly-formed NGOs and CBOs could benefit from the experience of other health NGOs working actively throughout Uzbekistan	<ul style="list-style-type: none"> <li>• Investigate the possibility of partnership grants, where an experienced NGO works with a new NGO to develop and/or transfer skills</li> </ul>
Once ZdravReform grants were provided, many communities, kolkhozes, and mahalla committees were able to identify additional funds	<ul style="list-style-type: none"> <li>• Encourage grant applicants to view ZdravReform assistance as a seed grant that can be used to leverage and generate additional community resources around well-defined and successful projects</li> </ul>
Despite seminars and one-on-one consultations on monitoring and evaluation approaches, grantees still had trouble understanding basic concepts and approaches to monitoring implementation and evaluating results	<ul style="list-style-type: none"> <li>• Provide more trainings on monitoring and evaluation, with special attention to changing perceptions about these activities so they are supportive and not punitive</li> <li>• Provide a manual or other reference materials describing what useful data might be collected, how it should be collected, and how it could be analyzed and presented</li> <li>• Continue to train ZdravReform staff in monitoring and evaluation approaches so they can better backstop grantees as issues arise</li> </ul>
Grantees did not communicate changes in their proposed work plans to partner organizations or to ZdravReform	<ul style="list-style-type: none"> <li>• Encourage grantees to plan activities well enough in advance to accommodate and communicate changes</li> <li>• Develop a short manual for grantees summarizing policies and procedures agreed to in the grant agreement</li> </ul>

## Attachment 1: Profiles, Accomplishments, and Impacts of Small Grant Projects

Nine<sup>1</sup> community projects, described briefly below, received funding through small grants. Both first-round and second-round grant projects started in December 1999 and finished by the end of April 2000. Approximately \$33,000 in funds was disbursed. Final reports of individual grant projects are available upon request. The following are profiles of the small grant projects.

### A. Kokand Association of Businesswomen

Organization	Kokand Association of Businesswomen
Grant Funds	774,800 Uzbek Sums (est. \$3,878)
Additional Assistance	1 computer 1 printer
Contact Information	Marat Rakhimov c/o Kokand Association of Businesswomen 73 M. Khodjayev Street Kokand City, Uzbekistan 713000 Telephone: 225-3-25-82

### Project Goals and Activities

Using interactive methods, this grant planned to teach 200 children (140 preschoolers and 60 beginning elementary grades) on basic hygiene, including washing hands, brushing teeth, as well as 80 teenage girls in reproductive health and hygiene. At the same time, 110 teachers and interested parents were to be trained as trainers on these topics.

### Major Accomplishments

#### 1. In 7 kindergartens in Beshariq Rayon:

- Conducted 7 seminars and 7 monitoring visits and educated 140 children of preschool age in: basics and skills of personal and public hygiene; planning daily schedules; and preventing infectious diseases
- Conducted 7 lectures for 70 kindergarten teachers in: methods of teaching public and personal hygiene; preventing infectious diseases; and improved knowledge and skills in hygiene and health care
- Conducted 7 lectures for 35 parents in: proper organization of extracurricular hygienic education and upbringing; equipping them with knowledge and skills on hygiene and disease prevention to increase working capacity and strengthen children's health; and preventing infectious diseases

#### 2. In 5 schools:

- Conducted 4 seminars and 4 monitoring visits in schools of Beshariq Rayon and 1 seminar and 1 monitoring visit in a school in Kokand and educated 110 children of elementary school age in:

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<sup>1</sup> The tenth project, implemented by the Association of Venerologists, was cancelled on February 18, 2000.



basics and skills of personal and public hygiene; planning daily schedules; and preventing infectious diseases

- Conducted 4 lectures for 130 teenaged girls in: female anatomy and physiology; sexual hygiene of 14-16 year-old girls; preventing gynecological diseases; and basics of hygiene of marriage
  - Conducted 4 lectures for 50 teachers of elementary schools in: methods of teaching public and personal hygiene; preventing infectious diseases; and improving knowledge and skills in hygiene and health care
  - Conducted 4 lectures for 25 parents in: proper organization of extracurricular hygienic education and upbringing; equipping them with knowledge and skills on hygiene and disease prevention to increase working capacity and strengthen children's health; and conducted preventive activities against infectious diseases
3. Distributed 310 comic strips (three different types: one on drinking boiled tap water, one on how flu spreads due to lack of hygiene, one on teenage reproductive hygiene); 310 booklets on the topic "Hygiene for Children of Preschool Age" for kindergarten teachers and parents and on the topic "Teaching Hygiene in Elementary Grades" for teachers of elementary schools
  4. Distributed as prizes for correct answers during the seminars 220 hygienic sets (a tube of toothpaste, a toothbrush, and a bar of soap)
  5. Distributed 108 sets of sanitary napkins produced by "Always" and "Libresse" companies to teenage girls
  6. Educated and prepared 174 peer educators (among children) of basics of personal and public hygiene. Educated and prepared 112 peer educators among teenage girls on female anatomy and physiology; sexual hygiene of 14-16 year-old girls; preventing gynecological diseases; and basics of hygiene of marriage
  7. Educated 106 teachers in methods of interactive teaching hygienic knowledge among children of preschool and elementary school ages, and evaluated the efficiency of this method. Educated 53 parents in methods of proper organization of extracurricular hygienic upbringing.
  8. Developed visual aids on each of the following topics:
    - "Basics of Personal and Public Hygiene" – Props (tube of toothpaste, toothbrush, soap) and a fancy dress of a washstand for a situational game, comic strips of 3 kinds
    - "The World Under the Microscope" – Two posters with drawings of various microorganisms as seen under a microscope, preparations of these microorganisms, microscope
    - "Sexual Hygiene of Teenaged Girls" – Two posters with the appearance of the structure of women's reproductive system, a plastic model of the structure of women's reproductive system, booklets
  9. Involved 4 PHC facility staff into the project's activities.

## Impacts

1. After receiving this grant, the group of implementing doctors who had merely used the Kokand Association of Businesswomen as an umbrella organization to receive funding, decided to register their own NGO named "Esculap". The new organization was approached by Save the Children and Counterpart Consortium to conduct collaborative activities and several staff doctors are working as Winrock International trainers.

2. Due to the success of the project, local government and Kokand-based C.A.F.E. representatives are thinking about introducing similar seminars into kindergartens and schools of Beshariq Rayon.
3. Media coverage in rayon and city newspapers raised the awareness of surrounding communities on the importance of hygiene, especially among children.

## B. Ishonch

Organization	Ishonch
Grant Funds	1,096,820 Uzbek Sums (est. \$5,489)
Additional Assistance	1 computer 1 printer
Contact Information	Zulfia Akhunova Ishonch – Ferghana Regional Center of Social and Legal Support for Women and Teenagers 58 M. Kosymov Street Ferghana City, Uzbekistan 712000 Telephone: (3732) 24-90-44

### Project Goals and Activities

Ishonch proposed to conduct seminars on reproductive health in all 29 PHC facilities in Yazyavan and Quva Rayons. The seminars aimed to teach 725 women of reproductive age and 75 teenage girls about reproductive health, methods of contraception, preventing sexually-transmitted infections (STIs), preventing and treating anemia, and preparing teenage girls and boys for family life.

### Major Accomplishments

1. Conducted 37 seminars educating 918 participants including 579 women, 210 teenage girls, 124 teenaged boys, and 5 men
2. 17 seminars were conducted in Yazyavan Rayon including 14 at PHC facilities and three at schools and colleges, while 20 seminars were conducted in Quva Rayon including 17 at PHC facilities and three at schools and colleges
  - Distributed 789 handouts during the seminars on the following topics:
  - Methods of contraception (oral contraception, pills, injections, IUDs, barrier methods, natural methods, and surgical sterilization)
  - Preparing teenage girls and boys for family life.
10. Involved 111 employees of PHC facilities (head doctors and nurses), 6 directors of schools and colleges and 22 teachers in grant activities and seminars

### Impacts

1. The success of Ishonch's small grant activities has led to additional funding from the USAID-funded Commercial Market Strategies (CMS) Project for a similar project titled "Your Health Is in Your Hands," to conduct seminars and community theatre on reproductive health and rights, preventing STIs, preventing anemia, and preparing teenage girls and boys for family life; local governments in Ferghana and Margilan cities also are considering introducing similar seminars in schools
2. Assistance from ZdravReform that contributed to building of organizational and staff capacity also led to the NGOs capacity to apply for and receive grant funding from the United States Information Service to develop an electronic library for disadvantaged students of Ferghana State University and from Soros Foundation for opening a reproductive health and rights hotline

3. Central, oblast, and rayon-level media covered many of the NGO's activities, raising awareness of community interventions that address local reproductive health needs

### C. Umid – Women’s Voluntary Association

Organization	Umid – Women’s Voluntary Association
Grant Funds	125,000 Uzbek Sum (est. \$626)
Additional Assistance	N/A
Contact Information	Gulnora Mamazoitova Umid – Women’s Voluntary Association Kapa-Yangi Street Kapa-Yangi Village Beshariq Rayon Fergana Oblast, Uzbekistan 713118 Telephone: (3732) 48-2-83

#### Project Goals and Activities

As a result of Participatory Rural Appraisal (PRA) field research conducted with ZdravReform’s assistance, an active group of rural women formed “Umid” and approached their head doctor at “Kapa-Yangi” SVP for assistance in writing this grant application. The project was designed to provide health education to women of reproductive age in Kapayangi, Kapa, Kurama, Kiyali, Chek, Guliston, Shoda-Kozik villages in Beshariq Rayon. A midwife-gynecologist agreed to conduct 25 seminars (reaching 750 women) on gynecological issues as well as organized discussions and seminars on family planning. A pediatrician planned to organize 30 seminars (reaching 1,800 women) and visual aids on diarrhea in summer times, and on acute respiratory infections in spring. The organization will also conduct legal consultations for 300 women.

#### Major Accomplishments

1. Conducted 57 seminars and educated 1,119 women of reproductive age on reproductive health and family planning and preventing and treating diarrhea and acute respiratory infections in children
2. Involved 2 physicians and 1 nurse from the “Kapa-Yangi” SVP in grant project activities

#### Impacts

1. Due to the project’s success, local hakimiyat, physicians of Beshariq Central Rayon Hospital and “Kapa-Yangi” SVP employees are planning similar seminars in other kishlaks.
2. Rayon media covered project activities and raised awareness of the importance of maternal and child health and how NGOs and PHC facilities can work together to address community health needs in these areas.

## D. Barhayot – Medical Education Center for Family, Mahalla and Rural Communities

Organization	Barhayot – Medical Education Center for Family, Mahalla, and Rural Communities
Grant Funds	488,000 Uzbek Sums (est. \$2,442)
Additional Assistance	N/A
Contact Information	Dilzoda Pirmatova and Tanzila Mukhamadiyeva Barhayot – Medical Education Center for Family, Mahalla, and Rural Communities 6 Sarboz Street Kokand City Ferghana Oblast, Uzbekistan 713000 Telephone: (255) 2-37-01

### Project Goals and Activities

Concentrating in two villages in the Beshariq Rayon, Barhayot conducted a series of seminars on reproductive health, aiming to reach a considerable cross-section of the female population. NGO members, teachers at the Kokand Medical College, proposed to conduct 18 seminars at two facilities to provide information to 720 women to improve their knowledge on a range of reproductive health issues, including family planning, various contraceptive methods, and prevention and early diagnosis of STIs.

### Major Accomplishments

1. Conducted 20 seminars and educated 720 participants (651 women of reproductive age and 69 teenage girls) on family planning, methods of contraception, STI prevention, prevention and treatment of anemia, and personal hygiene
2. Distributed 2,052 handouts to seminar participants on folk methods of contraception (705); biological rhythm-method (664); and barrier methods of contraception (683)
3. Distributed 582 booklets on reproductive health
11. As a result of seminars:
  - 576 women of reproductive age and 69 teenage girls (students of senior grades) were able to identify the advantages and use of family planning
  - 472 women of reproductive age demonstrated their understanding about methods of contraception and their advantages and disadvantages
  - 520 women of reproductive age and 50 teenage girls demonstrated their understanding about affect of abortions to the women's health
12. Conducted 10 seminars at Ittifok SVA and 10 seminars at Dehkontuda SVA in Beshariq Rayon, involving 25 SVP employees (seven doctors, 16 nurses and two midwives)

### Impacts

1. Due to grant funding, the NGO has started the process of registration with the Ferghana Oblast Khokimiyat under the name of "Soglom Ayol" (Healthy Woman).

2. Due to the success of the project, the NGO is planning to conduct similar seminars in the mahallas of Kokand.

## E. Bolalik Mahalla Committee

Organization	Bolalik Mahalla Committee
Grant Funds	401,780 Uzbek Sums (est. \$1,838)
Additional Assistance	N/A
Contact Information	Rano Komilova Bolalik Mahalla Committee 1 Hakimiy Street Quva Rayon Ferghana Oblast, Uzbekistan Telephone: 53-741

### Project Goals and Activities

The Bolalik Mahalla Committee in Quva Rayon, working very closely with the staff at the Children's Polyclinic in Quva, proposed to provide educational seminars for young mothers on CDD and ARI. The materials used for these seminars were WHO-compliant. The main goal of the 54 seminars, conducted at all 16 PHC facilities in Quva Rayon, was to teach young mothers how to identify CDD/ARI and how to treat it at home in the early stages, avoiding expensive, lengthy hospital stays.

### Major Accomplishments

1. Conducted 32 seminars and educated 794 women of reproductive age and women with young children in preventing diarrhea, identifying the level of dehydration of the child's organism, assessing the child's condition, and providing care
2. Conducted 32 seminars and educated 770 mothers with young children in treating ARI
3. Distributed 10,500 handouts during the seminars on the following topics:
  - How to treat diarrhea at home (booklet for mothers)
  - Classification of ARI among children under 2 months
  - Classification of diseases among children from 2 months to 5 year old
  - Giving antibiotics in ARI cases
  - Booklet for mothers with children from 2-5 years old that are sick with ARI
13. Conducted all 64 seminars at 16 Quva Rayon PHC facilities, involving 8 physicians and 64 nurses in seminars



## F. Hamdard

Organization	Hamdard
Grant Funds	257,670 Uzbek Sums (est. \$1,290)
Additional Assistance	1 computer 1 printer 1 small copier
Contact Information	Mubashir Kosimov Hamdard 6 Shark Street, Apt. 33 Kokand Ferghana Oblast, Uzbekistan 713000 Telephone: (255) 2-77-55

### Project Goals and Activities

Hamdard proposed to develop a medical information center in Kokand to provide new medical information to rural physicians in all 17 PHC facilities in Beshariq Rayon. The project leader proposed to drive out to Beshariq Central Rayon Hospital, meet with the PHC doctors during their weekly meetings, and present information from new publications pertinent or interesting to the PHC doctors. The doctors then could either check out materials for a period of time or make requests for copies to keep at their own facility.

### Major Accomplishments

1. Conducted 12 informational seminars for 20 doctors of the 17 PHC facilities
2. Distributed the following publications and books among the doctors:
  - Books – 20 items
  - Magazines – 13 items (50 copies)
  - Newspapers – 4 items (90 copies)
14. Received and filled 42 orders from the doctors for materials which were interesting to them
15. Created and issued 1,100 copies of a brochure, entitled “Your Health Is in Your Hands,” for the rural population and gave 65 copies to each PHC facility for distribution among the population
16. Provided a letter of recommendation to local authorities summarizing regulations of subscribing to publications, addresses, and price lists for appropriate medical newspapers and magazines so they could make their own orders in the future

### Impacts

17. Hamdard was registered as an NGO with the Justice Department of the Ferghana Oblast Hakimiyat on May 15, 2000.
18. Based on the success of this project, Hamdard wrote a grant application to Soros Fund to implement a similar project among the doctors of two polyclinics of Kokand, and successfully passed the first round.

19. The organization created a material base for developing a Medical Information Center within the NGO.

## G. Utkir – Association of Diabetics

Organization	Utkir – Association of Diabetics
Grant Funds	417,600 Uzbek Sums (est. \$2,090)
Additional Assistance	N/A
Contact Information	Hushnuda Mahmudova Utkir – Association of Diabetics 115 Melnichnaya Street Ferghana City Ferghana Oblast, Uzbekistan 712000

### Project Goals and Activities

The Association of Diabetics proposed to conduct educational activities in Yazyavan and Quva Rayons aimed at developing support groups for people with diabetes as well as teaching people in self management of diabetes and preventing related complications (e.g., physical disabilities) through lifestyle choices and diet. The NGO also proposed making emergency identification cards for all registered diabetics in the two rayons.

### Major Accomplishments

1. Developed a group of trainers consisting of a neuropathologist, an eye doctor, and a surgeon
2. Conducted 16 seminars at all PHC facilities in Quva and Yazyavan Rayons for 168 diabetics on methods of self management and prevention of diabetes-related health complications
3. Developed two brochures titled “Protect Your Feet” and “What is Diabetes and How Can It Be Prevented” and distributed 236 brochures to diabetics and 164 brochures to PHC facilities to place in waiting rooms
4. Developed and distributed 168 emergency identification cards to local diabetics
5. Developed 150 booklets entitled “Diabetes Is a Full Life” addressing the most common issues/questions of diabetics identified during monitoring
6. Screened diabetics and identified:
  - 51 cases of diabetic anglopathy of vasculums of lower extremities
  - 13 cases of “diabetic footstep” in different degrees of complication
  - 22 cases of diabetic encephalopathy
  - 94 cases of diabetic polyneuropathy
  - 10 cases of diabetic neuromialgy
  - 44 cases of angiopathy of retinal vasculums
  - 9 cases of diabetic retinopathy
  - 1 cases of secondary glaucoma
  - 12 cases of diabetic cataracts

20. Referred all the patients with complications related to eyes, lower extremities, and neurology to oblast health institutions to receive prescriptions for treatment (the surgeon made 23 prescriptions, the eye doctor made 51 prescriptions, the neuropathologist made 69 prescriptions, and the endocrinologist made 41 prescriptions)

## H. Kokand Association of Endocrinologists

Organization	Kokand Association of Endocrinologists
Grant Funds	615,800 Uzbek Sums (est. \$2,996)
Additional Assistance	1 computer 1 printer
Contact Information	Nodira Salyamova and Maksuda Abidjanova 55 A. Kahhor Street Kokand, Uzbekistan 713000 Telephone: (255) 3-20-58

### Project Goals and Activities

The Kokand Association of Endocrinologists aimed to teach 1,050 participants (800 women of reproductive age, 50 pregnant women, and 200 children) on preventing thyroid gland diseases (goiters) by conducting a series of seminars in 5 rural PHC facilities in the Beshariq Rayon.

### Major Accomplishments

1. Conducted 31 seminars (6 seminars each at 5 PHC facilities) and educated 1,064 participants (841 women of reproductive age, 33 pregnant women, and 190 teenagers) in preventing diseases of the thyroid gland
2. Distributed 3,600 handouts on the following topics:
  - The body's need for iodine
  - Hormones of thyroid gland
  - Preventing diseases of the thyroid gland
3. Conducted an additional seminar at the expense of the NGO at SVP "Kapa-Yangi" at the request of SVP employees and the population there
4. Involved 15 SVP employees (10 physicians and 5 nurses) in the project

### Impacts

1. The Kokand Association of Endocrinologists was registered with the Justice Department of Ferghana Oblast Khokimiyat on March 24, 2000.
2. Due to the success of the grant projects, Peace Corps requested that the NGO conduct similar seminars in Uchkuprik and Dangara Rayons of the Ferghana Oblast.
3. With support of the Counterpart Consortium, similar activities will be conducted in the mahallas of Kokand.

## I. Honabod Mahalla Committee

Organization	Honabod Mahalla Committee
Grant Funds	1,199,000 Uzbek Sums (est. \$6,000)
Additional Assistance	N/A
Contact Information	Ruzmat Ergashev and Hasanboy Hamdamov Honabod Mahalla (Community) Committee Honabod Village Yazyavan Rayon Fergana Oblast, Uzbekistan 713118 Telephone: 223-96

### Project Goals and Activities

The people in the Honabod village (Yazyavan Rayon) and surrounding villages had to travel to Margilon (20 km) to bathe due to the lack of any bathing facilities in the village. With this grant, the project aimed at finishing a rural community bathhouse that will be used by over 10,125 people. The local state collective farm is covering over 70% of the total costs but was not able to access the money for the bathhouse without the incentive of co-funding from other funding sources. ZdravReform helped the project develop appropriate methods to educate the population on healthy lifestyles and general hygiene.

### Major Accomplishments

1. Completed over half the work necessary to complete the bathhouse.
2. Bought two large water boilers, pipes, and bricks.

## Attachment 2: Survey Instruments for the Population and Health Personnel

### Survey Instrument for the Population

Survey results will be kept confidential. Please do not provide your name.

Village Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

1. How many informational seminars have you attended at your SVP or SVA/FAP complex within the last 5 months?
 

1 – 3	4 – 6	None, but I want to come	None; I am not interested
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2. Who conducted these seminars?
 

Medical personnel	Mahalla Committee staff	Staff from a non-governmental, community organization	NGO staff and medical personnel together
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3. Please identify which seminar topics you have attended within the last 6 months and whether they were useful in your daily life.
 

Attended seminars on:	Useful:	Not useful:
Goiter and iodine deficiency		
Reproductive health		
General hygiene		
Clean drinking water		
Acute respiratory illnesses		
Diarrheal diseases		
  
4. In your opinion, who initiated these seminars?
 

Mahalla Committee staff	Rayon Hokimiat	SVP or SVA/FAP complex
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5. What did you do last time you were sick for several days?
  - ☐ Stayed at home and tried to treat myself
  - ☐ Went to a folk healer
  - ☐ Went to my local SVP or SVA/FAP complex
  - ☐ Went to the Rayon Center Hospital
  
6. Why did you act that way?
  - ☐ It was cheap

- ☐ It was reliable
- ☐ It did not take a lot of time
- ☐ It was conveniently located
- ☐ They treat me well in there
- ☐ I know the person there

7. If you chose to go to your SVP or SVA/FAP complex, after how many days of being sick would you go there? ☐ 1 – 3 days ☐ 4 - 8 days ☐ 9 - 12 days

*For questions 8-12, please indicate how your SVP or SVA/FAP complex has changed within the last 6 months.*

	Better	Same	Worse
8. Staff's knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Staff's attitude to your health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Health information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Repairs (remont)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Clean building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you feel treated well at your SVP?	<input type="checkbox"/> Always	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Some of the time <input type="checkbox"/> Never
15. Do you trust the information given at your SVP?	<input type="checkbox"/> Always	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Some of the time <input type="checkbox"/> Never
16. Do you trust the staff that cares for you and your family?	<input type="checkbox"/> Always	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Some of the time <input type="checkbox"/> Never
17. How many times in the last 6 months have you visited your SVP for any reason?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 – 4 <input type="checkbox"/> 5 – 9 <input type="checkbox"/> 10 or more		
18. What is the name of your head doctor?	_____		
19. How often have you approached your mahalla committee representative about a public health issue in the last 6 months?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 – 4 <input type="checkbox"/> 5 – 9 <input type="checkbox"/> 10 or more		



### Survey Instrument for Health Care Providers

1. In the last 6 months has an NGO conducted seminars in your kishlak (village)?  
Seminars were conducted on the following topics:
  - ☐ Goiter and iodine deficiency
  - ☐ Reproductive health
  - ☐ General hygiene
  - ☐ Clean drinking water
  - ☐ Acute respiratory illnesses
  - ☐ Diarrheal diseases
  - ☐ None
2. Which aspects did you like about the NGO seminars? Which did you not like?
3. What kind of new and useful information have you learned from the NGO seminars?
4. What kind of problems related to the population's health exist in your kishlak (village)?
5. How have you identified these problems?
6. Who assisted you in identifying the problems?
7. How many times has your facility conducted activities for the population within the last 6 months? (Not including ZdravReform-related grant projects.)
  - ☐ 0                      ☐ 1 - 4                      ☐ 5 – 9                      ☐ 10 or more
8. What kind of activities were they?
9. How does the mahalla committee (and its representative) support your facility?
10. What activities do you plan with the mahalla committee representative?